

CANCER POLICY WELLNESS CLAIM FORM

AFLAC Worldwide Headquarters

ATTN: Claims Department

1932 Wynnton Road

Columbus, Georgia 31999

Cancer Policy No. _____

(The following policies contain the wellness benefit: Premier Cancer – Levels 4 (series A-54000) and 5 (series A-55000) only, Personal Cancer Expense (series A-58000) and Personal Cancer Protector Plan (series A-59000))

IMPORTANT: A COPY OF THE CHARGES MUST BE ATTACHED

Patient's Name: _____

Relationship to Policyholder: ☐ Self ☐ Spouse ☐ Child

Patient's Date of Birth: _____

Policyholder's Name: _____

Policyholder's Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Treatment Date: _____